

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 201

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Oberweis for Congress

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan Hefner

Mailing Address 39W425 Silver Glen

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox Valley OphthOccupation  
physician

Receipt For: 2008

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Special-General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.8033

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

David Hemmer

Mailing Address 4N668 Burr Rd

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox Valley Ear Nose & Thr-  
oatOccupation  
physician

Receipt For: 2008

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Special-General

Election Cycle-to-Date ▼

3450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	8

Transaction ID: SA11AI.7085

Amount of Each Receipt this Period

1150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

David Hemmer

Mailing Address 4N668 Burr Rd

City

St. Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox Valley Ear Nose & Thr-  
oatOccupation  
physician

Receipt For: 2008

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Special-General

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

Transaction ID: SA11AI.8035

Amount of Each Receipt this Period

750.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2400.00

TOTAL This Period (last page this line number only) .....